FILED EFFECTIVE



Typed Name

## CERTIFICATE OF TERMINATION OF LIMITED PARTNERSHIP

(instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

1. The name of the limited par	rtnership is:		i
	Mader Family F	arms	
2. The date its certificate of limit	ted partnership was f	iled with the Secretary of	State:
March 30, 1987			The second secon
3. This limited partnership [ 🗖 i	s][ 🖸 is not] a limite	ed liability limited partners	hip.
The limited partnership havin business hereby cancels its cancels.	ng been dissolved and pertificate of limited pa	d having completed the wi	nding up of
5. Othermatters (optional):			
e de la companya de l			•
			·
	•		
			•
6. Signatures of all general partr	ners or remaining limi	ted partners:	
Signature Signature Dorothy	A. Mader		
Signature			
Гуреd Name			
Signature		Secretary of S	tate use only
Typed Name	-	2008 2008	1244
Signature		Secretary of S  Secretary of S  Lower control of the main record of th	HIO SECRETARY OF STATE 24/2008 05: 11 CT: 9686 BH: 1896